

PATENT



Docket No. 979-253

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Bayon et al
Serial No. : 10/591,622
Filed : July 5, 2007
For : ELECTRIC FIELD CONTROL MATERIAL

Examiner: TBA
Group Art Unit: TBA

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)


Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, Petition for One-Month Extension, Check for \$130.00, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, V.A. 22313-1450.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

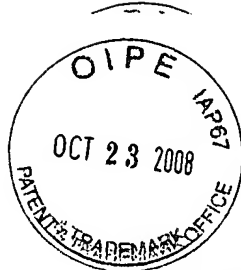
By: 
Valentina Papraniku

Date: October 21, 2008

Mailing Address:

SOFER & HAROUN, L.L.P.
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PATENT



Docket No. 979-253

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Bayon et al.
Serial No. : TBA Group Art Unit: TBA
Filed : July 5, 2007 Examiner: Not yet assigned
For : **ELECTRIC FIELD CONTROL MATERIAL**

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	20	-	20	=0	x \$50.00	\$ _____
Independent Claims	1	-	3	=0	x \$200.00	\$ _____
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)					\$ _____
	Total:					\$ _____
[]	Verified Statement of "Small Entity" Status Under 37 CFR § 1.27 filed _____. Reduced Fees Under 37 CFR § 1.9(f) (50% of total) paid herewith.					\$ _____

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

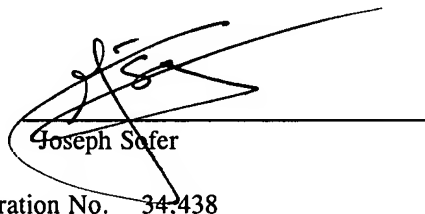
- ☐ Charge fee to Deposit Account No. 19-2825 . Order No. _____
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 19-2825. Order No. 979-253.
- ☐ _____ Page(s) of substitute Sequence Listing
- ☐ _____ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$ _____ to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: October 21, 2008

By:



Joseph Safer

Registration No. 34,438

Mailing Address:

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